

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519292 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2			1					52					
3			1					53					
4			1					54					
5			1					55					
6			1					56					
7			2					57					
8			20					58					
9			20					59					
10			20					60					
11			20					61					
12			20					62					
13			20					63					
14			20					64					
15			20					65					
16			20					66					
17			20					67					
18			20					68					
19			20					69					
20			20					70					
21			1					71					
22			1					72					
23			1					73					
24			1					74					
25			1					75					
26	1		1					76					
27			7					77					
28			1					78					
29			1					79					
30			1					80					
31	1		1					81					
32			1					82					
33			1					83					
34			1					84					
35			1					85					
36			1					86					
37			1					87					
38			1					88					
39			1					89					
40			1					90					
41			1					91					
42			1					92					
43			1					93					
44			1					94					
45			1					95					
46			1					96					
47			1					97					
48			1					98					
49			1					99					
50			1					100					
TOTAL IND.	1												
TOTAL DEP.	36												
TOTAL CLAIMS	2												